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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

5ERIAL NO/ 10/538016 APPLICANTS

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TOTAL IND

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TOTAL CLAIMS page 2 of 3

SERIAL NO. 10/538016

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

FILING DATE

**CLAIMS** AFTER AFTER AS FILED I"AMENDMENT AFTER AS FILED 2 MAMENDMENT AFTER 1"AMENDMENT 3 MAMENDMENT DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. / 51 1 52 *(* 53 / 54 / 55 156 157 / 58 1 59 60 /61 /62 **/63** 64 **/65** /66 167 / 68 169 770 /71 172 173 174 *[75]* 176 /77 /78 179 **/ 80** /81 / 82 183 184 185 186 / 87 188 189 190 191 192 193 194 195 196 197 198 199 200 1 J TOTAL IND 1 1 TOTAL DEP TOTAL CLAIMS

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AFTER

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MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

AFTER

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